

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Claypool
 Town of _____
 or _____
 City of Miami

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 113
 County Registrar No. 817
 Local Registrar No. _____

2. Full name of child Arthur James Stubblefield
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth _____
 6. Legitimate? yes
 7. Date of birth Sept 2 1926
 Month Day Year

8. FATHER
 Full name James Arthur Stubblefield

9. Residence (Usual place of abode) Claypool Arizona
 If non-resident, give place and state.

10. Color or race White
 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Tennessee
 (State or country)

13. Occupation Carpenter
 Nature of Industry

14. MOTHER
 Full maiden name Daisy Schmidt

15. Residence (Usual place of abode) Claypool Arizona
 If non-resident, give place and state.

16. Color or race White
 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Kansas
 (State or country)

19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 5
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a. m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature J. H. Miller
 Address Miami, Arizona
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year
 Filed Sept 15 1926 Local Registrar C. E. Drim

Registrar _____ County Registrar _____

124-902-423